I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Attorney Docket No.: 015662-002100US

IFW,

Mail Stop Amendment Client Reference No.: DMI-28 Commissioner for Patents

P.O. Box 1450 dexandria VA 22313-1450 530.Un. morrow Mark T. Davis

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John Lim, John N. Shell, and

Jenny Louie-Helm

Application No.: 10/623,481

Filed: July 18, 2003

For: DUAL DRUG DOSAGE FORMS WITH IMPROVED SEPARATION OF

DRUGS

Examiner: Young, Micah Paul

Art Unit: 1618

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER

37 CFR §1.97 and §1.98

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

02/23/2007 WASFAW1 00000015 201430 10623481

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Page 2

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

M. Henry Heines Reg. No. 28,219

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, Eighth Floor San Francisco, California 94111-3834 Tel: 415-576-0200 Fax: 415-576-0300 MHH:mtd

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Sheet

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Substitute for form 1449A&B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)

1

	Complete if Known	
Application Number	10/623,481	
Filing Date	July 18, 2003	
First Named Inventor	Lim, Jong	
Art Unit .	1618	
Examiner Name	Young, Micah Paul	
Attorney Docket Number	015662-002100US	

			U.S. PATENT DO	CUMENTS	
Examiner Initials*	Cite No.1	Document Number Number Kind Code ^{2 (#Assem)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-4,786,505	11-22-1988	Lovgren et al.	
	AB	US-4,891,230	01-02-1990	Geoghegan et al.	
	AC	US-6,159,499	12-12-2000	Seth	
	AD	US-6,248,355	06-19-2001	Seth	
	AE	US-6,780,436	08-24-2004	Lopez-Cabrera et al.	
	AF	US-6,814,979	11-09-2004	Rudnic et al.	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.Y./ (03/15/2011)

Examiner Signature	/Micah Paul Young/ (03/15/2011)	Date Considered	03/15/2011	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and ord considered include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.

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rees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Kno	wn
FEE TRANSMITTAL	Application Number	10/623,481	
For FY 2006	Filing Date	July 18, 2003	
	First Named Inventor Examiner Name	Lim, Jong Young, Micah Pa	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1618	aui
TOTAL AMOUNT OF PAYMENT (\$) 180	Attorney Docket No.	015662-0021000	19
METHOD OF PAYMENT (check all that apply)		1 0 10002 002 1000	
Check Credit Card Money Order No	ne Other (please ide		
Deposit Account Deposit Account Number: 20-1430			
For the above-identified deposit account, the Director is		ne: Townsend and To	wnsend and Crew LLP
Charge fee(s) indicated below			cept for the filing fee
Charge any additional fee(s) or underpayments of fe under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card in information and authorization on PTO-2038.	e(s) Credit any or	vomaumente	
FEE CALCULATION			
Small Entity	Small Entity	AMINATION FEES Small Entity se (\$) Fee (\$)	Fees Paid (\$)
Utility 300 150 50		200 100	rees Falo (a)
Design 200 100 10		30 65	
Plant 200 100 30		60 80	
Reissue 300 150 500		500 300	
Provisional 200 100	0	0 0	
2. EXCESS CLAIM FEES			Small Entity
Fee Description Each claim over 20 (including Reissues)		Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)		50 200	25 100
Multiple dependent claims		360	180
	e Paid (\$)	Multiple De	pendent Claims
-20 or HP = X = HP = highest number of total claims paid for, if greater than 20		Fee (\$)	Fee Paid (\$)
Indep. Claims Extra Claims Fee (\$) Fe	e Paid (\$)		
P = highest number of independent claims paid for, if greater than 3			
I. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of par listings under 37 CFR 1.52(e)), the application size fee sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G): Total Sheets Extra Sheets 150 = 150 =	due is \$250 (\$125 for	small entity) for stion thereof Fee (ach additional 50
OTHER FEE(S) Non-English Specification, \$130 fee (no small entit	v discount)		Fees Paid (\$)
Other (e.g., late filing surcharge): Submission of Info		nt	180
UBMITTED BY			
ignature MANA Grant Manager Ma	Registration No. (Attorney/Agent) 28,21	9 Telephone	415-576-0200